2700 INTERNAL TRANSFER REQUEST FOR S.N.

ITE:	FROM:	(print name)
DRWARD TO: Art Unit: 2622 Class: 382	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
Subclass:	EDED.	
Imaje	Quantizalin	
- 0	7	
ATE:	FROM:	(print name)
ORWARD TO: A. Art Unit: B. Class: C Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)
URTHER EXPLANATION IF N	EEDED:	
FURTHER EXPLANATION IF NE	EEDED:	
		(print name)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S):	(check box) (check box) (check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S):	(check box)
DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S):	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S):	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N DISPOSITION BY 2700 C DATE: FORWARD TO: A. Art Unit:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N DISPOSITION BY 2700 C	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title	(check box) (check box) (check box) (check box)

FURTHER EXPLANATION IF NEEDED: